

2876

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 429	
1. PLACE OF DEATH		COUNTY <u>Pinal</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>23</u>	
TOWNSHIP <u>Florence</u>		CITY <u>Florence</u>		NO. <u>137</u>		WARD <u>2</u>	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>33</u> YRS. MOS. <u>05</u> DS. <u>00</u>		HOW LONG IN U. S. SINCE FOREIGN BIRTH? <u>33</u> YRS. MOS. <u>05</u> DS. <u>00</u>		STATE WHEN DEATH OCCURRED <u>ARIZONA</u>		WARD. (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)	
2. FULL NAME <u>George Washington Myers</u>		ST. <u>Florence</u>		MEDICAL CERTIFICATE OF DEATH		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 23, 1935</u>	
(A) RESIDENCE: NO. <u>3109</u>		(USUAL PLACE OF ABODE)		I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>1935</u> , 19 <u>35</u> , TO <u>1935</u>		I LAST SAW H. <u>ALIVE ON</u> <u>1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2:00</u> M.	
PERSONAL AND STATISTICAL PARTICULARS		3. SEX <u>M</u>		4. COLOR OR RACE <u>A.</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED		HUSBAND OF <u>Carrie Myers</u>		WIFE OF <u>Carrie Myers</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/5/58</u>	
7. AGE <u>78</u>		YEARS <u>4</u>		MONTHS <u>18</u>		IF LESS THAN 1 DAY, HRS. <u>00</u> MIN. <u>00</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
OCCUPATION <u>Rancher</u>		12. BIRTHPLACE (CITY OR TOWN) <u>Alabama</u>		(STATE OR COUNTY)		13. NAME <u>Unknown</u>	
14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u>		(STATE OR COUNTY)		15. MAIDEN NAME <u>Unknown</u>		16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u>	
(STATE OR COUNTY)		17. INFORMANT <u>John Henry Myers</u>		(ADDRESS)		18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>	
PLACE <u>Florence</u>		DATE <u>4/25</u> , 19 <u>35</u>		19. EMBALMER <u>D. O. Martin</u>		SIGNATURE <u>D. O. Martin</u>	
FUNERAL DIRECTOR <u>Clement</u>		ADDRESS <u>D. O. Martin</u>		20. FILED <u>May 9</u> , 19 <u>35</u>		REGISTRAR <u>D. O. Martin</u>	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 23, 1935</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>1935</u> , 19 <u>35</u> , TO <u>1935</u>		I LAST SAW H. <u>ALIVE ON</u> <u>1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2:00</u> M.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
Chronic		Pneumonia		Influenza		DATE OF ONSET	
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		NAME OF OPERATION		DATE OF		WHAT TEST CONFIRMED DIAGNOSIS?	
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY <u>1935</u>		WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE		MANNER OF INJURY	
NATURE OF INJURY		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?		IF SO, SPECIFY		M. D.	
(SIGNED) <u>D. O. Martin</u>		(ADDRESS) <u>D. O. Martin</u>		BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION			